Barren River District Health Department

Public Health Issue

Heart Disease and Stroke Prevention

Project Description

CARE Collaborative is a non-clinical blood pressure awareness program for men and women in Kentucky age 18 and older. CARE stands for Cardiovascular Assessment, Risk Reduction, and Education. The focus of the program is an educational encounter that uses a blood pressure record tool with stoplight color zones to encourage behavior changes and/or medical treatment to improve blood pressure.

Target Population

Adults age 18 and older.

Key Partners

Fairview Community Health Center is a Federally Qualified Health Center (FQHC) in Bowling Green that provides primary care for many of the residents of Warren and surrounding counties that have Medicaid or no payor. Many of their patients also participate in health department programs and services.

WKU Institute for Rural Health has a nurse who provides health care screenings and health education. She incorporates CARE educational encounters into her screenings.

BRDHD has 38 school nurses that were recently trained for CARE Collaborative. They work in schools within 10 school districts in the eight Barren River District counties. They frequently check blood pressures for employees and are beginning to incorporate CARE educational encounters.

The Medical Center's Health & Wellness Center is a facility that has a registered nurse, registered dietitian nutritionist, and health educator that is located in a convenient location in Bowling Green. They provide free and discounted services to help people in the community to live a healthier life. People from the community come to the Center on a regular basis for blood pressure checks, and staff have been incorporating CARE Collaborative with the BP checks for several years now.

Sumitomo is a company with plants spread out in various cities in Kentucky and other states. Their corporate office is in Bowling Green. The corporate office wellness staff were eager to receive training and implement the CARE Collaborative. They faithfully do CARE encounters with about 50 employees every month.

Medical Reserve Corps members in Hart County provide CARE encounters for members of the community.

BRDHD Community Health Management Program has Community Health Workers that routinely provide CARE encounters as part of home visits.

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Impact/Accomplishment

In conjunction with the CARE Collaborative educational encounter, aggregate data collection is required by way of using a simple tally worksheet. The data is collected statewide on a monthly basis, and reports are provided by the epidemiologist at the state. For July 2016 – June 2017, the data for Barren River shows that a total of 1,796 encounters were done by BRDHD staff and our community partners. In that timeframe, 1,130 of the patients were returning. Of the returning patients, 75% had improvements in their blood pressure, and 30% made lifestyle changes.

Challenges/Lessons Learned

Finding a referral partner – Before we could begin to participate in CARE Collaborative we had to find a provider that would accept our referrals for blood pressure care for patients that do not have a medical home and may or may not have a payer. Our FQHC was willing to sign an MOU with us.

Obtaining patient referrals for CARE Collaborative pilot projects that are in conjunction with our home visiting programs – We identify the patients that are already enrolled in the home visiting programs and then request the referrals rather than relying on the FQHC to send us referrals specifically for CARE.

Lack of blood pressure monitors to give to participants for self-monitoring – We have not found a sustainable solution to this issue.

Busy health professionals are reluctant to try using CARE Collaborative due to concerns about the amount of time (1-2 minutes) it takes to do the educational encounter and fill out the tally worksheet – Some people are motivated to use CARE Collaborative because of the monthly data they receive. Some providers that use an Electronic Health Record (EHR) have been interested in participating in CARE Collaborative when we explained how it could relate to Meaningful Use of the EHR, specifically working to improve National Quality Foundation (NQF) measure #18.

Contact Information

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